

Facilitating Donor Co-ordination with the RHInterchange

It's common for developing countries to receive donated reproductive health supplies from multiple sources. But because procurement and management procedures differ from donor to donor, recipient countries may have difficulty in accurately monitoring the flow of products. This often results in supply imbalances, which can ultimately deprive service delivery points of the products needed to meet customer demand or to waste critical funding by overstocking products and having them expire on storeroom shelves.

The Supply Initiative recognises that donor co-ordination is one of the essential steps to improving the availability of reproductive health supplies, and ultimately to ensuring that all people can obtain quality contraceptives where and when they need them. In response, the Initiative has developed the RHInterchange, a web-based system for donors and recipients to co-ordinate procurement activities and access key information for decision making.

The initial version of the RHInterchange has been designed to standardise regular transmissions of procurement data from donors of reproductive health supplies, showing the quantity and type of supplies being provided to recipient countries, and the date of delivery. Currently, the United States Agency for International Development (USAID) is submitting data to the RHInterchange, and the International Planned Parenthood Federation (IPPF) is finalising plans to do so as well. The United Nations Population Fund (UNFPA) will soon participate on a limited

basis. These agencies are the RHInterchange's three original partners, and collectively account for nearly 60 percent of the world's donated contraceptive supplies. Other donors and suppliers are expected to join the data pool in the near future.

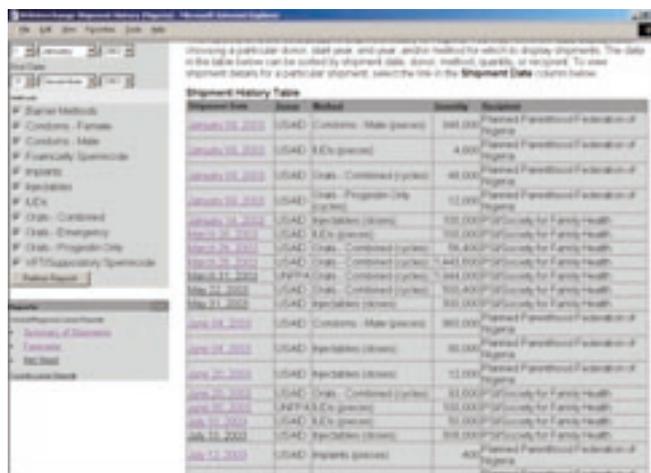
As a greater amount of procurement data is accumulated over time, and more donors and suppliers participate, the RHInterchange will be an important resource for programme planning. It will be capable of producing Forecasting reports and Net Need reports, both of which are key elements to accurately identify financial resources needed for supplies, and efficiently plan procurement and distribution. Pilot tests of these functions have been conducted using live data in Nepal, Uganda, and Zimbabwe. The success of these exercises led one Ministry of Health official to specifically note that the RHInterchange will be an excellent source of information for planning donor co-ordination meetings as well as for improving the financing and procurement planning processes within their own organisations.

How Can the RHInterchange Help?

The following examples, based on real, current situations, give an indication of some of the ways data from the RHInterchange could be used in the future to improve programme planning and policymaking, and address current gaps in communication between donors and recipients.

Programme Planning and Policymaking

One country in Southern Africa has been able to maintain a steady stream of contraceptives even when one of their major donors greatly reduced support for reproductive health supplies. This success was directly due to the investment in systems, which made data available to plan for the change as well as



Shipment Date	Agency	Product	Quantity	Notes
January 29, 2003	USAID	Condoms - Male (rolled)	348,000	Revised Forecast of allocation of supplies
January 29, 2003	USAID	R.E.C. (rolled)	4,000	Revised Forecast of allocation of supplies
January 29, 2003	USAID	Orals - Combined (system)	48,000	Revised Forecast of allocation of supplies
January 29, 2003	USAID	Orals - Program (28 day)	12,000	Revised Forecast of allocation of supplies
January 29, 2003	USAID	Injectables (system)	100,000	Injectables for Family Health
January 29, 2003	USAID	R.E.C. (system)	100,000	Injectables for Family Health
January 29, 2003	USAID	Orals - Combined (system)	50,000	Injectables for Family Health
May 22, 2003	USAID	Orals - Combined (system)	344,000	Injectables for Family Health
May 22, 2003	USAID	Orals - Combined (system)	300,000	Injectables for Family Health
May 22, 2003	USAID	Injectables (system)	100,000	Injectables for Family Health
June 28, 2003	USAID	Condoms - Male (rolled)	360,000	Revised Forecast of allocation of supplies
June 28, 2003	USAID	Injectables (system)	60,000	Revised Forecast of allocation of supplies
June 28, 2003	USAID	Injectables (system)	12,000	Revised Forecast of allocation of supplies
June 28, 2003	USAID	Orals - Combined (system)	12,000	Injectables for Family Health
June 28, 2003	USAID	R.E.C. (system)	100,000	Injectables for Family Health
June 28, 2003	USAID	R.E.C. (system)	50,000	Injectables for Family Health
June 28, 2003	USAID	Injectables (system)	100,000	Injectables for Family Health
June 28, 2003	USAID	Injectables (system)	400	Revised Forecast of allocation of supplies

Test data from the RHInterchange displays one country's shipment history report for 2003

the existence of a co-ordination mechanism of stakeholders to make decisions quickly. Thus, the national family planning body, with the help of donor commitments, was able to respond to a potential crisis in a timely fashion and avert



stock outs well before problems at the national level were experienced. The RHI aggregates this kind of critical information so that Ministries of Health can co-ordinate more readily and plan for the future with more confidence.

Communications between Donors and Recipients

A variety of communication gaps exist in the supply chain today. The RHInterchange can be used to improve the flow of information.

Communication Gaps that Exist Today

• Before RHInterchange

Programme management staff in an African country that hosts quarterly donor co-ordination meetings generally spend four days assembling information on supply orders and shipments from each of the donors.

• Before RHInterchange

The shipment method of a batch of supplies is changed from air to sea. In-country managers are not informed of the change and check the airport. At the same time, their shipment is waiting at the docks. Then they must pay unexpected storage charges, thus reducing the amount of other RH supplies they can purchase.

• Before RHInterchange

A donor promises to supply condoms and contraceptives but fails to place the order. In-country officials waiting for their supplies are left with no stock and have to wait many months for a new shipment.

• Before RHInterchange

A country has phased out the use of vaginal foaming tablets, but still receives a shipment from a donor. They then need to spend time and funds redirecting the shipment to another country where the product is still used.

• With RHInterchange

The RHInterchange will permit local officials to quickly access and aggregate information from all of the donors working with their country. Time saved can be devoted to important pre-meeting tasks, like forecasting and analysis.

• With RHInterchange

The change in the shipment method is registered and can be verified on-line by in-country managers.

• With RHInterchange

In-country officials can see the order has not been placed and can either remind the donor to fulfil their commitment in a timely manner or else seek alternative sources of supplies, thus avoiding stock outs and ensuring supplies to those who need them most.

• With RHInterchange

Local officials recognise the unwanted shipment as it is ordered and work with the donor to cancel or redirect the shipment.

In relation to the RHInterchange, the Supply Initiative offers the following recommendations:

Build It

1. Based on their commitment to improve co-ordination, donors of reproductive health supplies should make it a priority to participate in the RHInterchange by providing their supply data.
2. Advocates and other reproductive health stakeholders should work to raise awareness of the RHInterchange as a tool for developing countries to more easily access critical supply information and increase donor co-ordination.

Use It

3. Donors should move quickly to use the RHInterchange to improve co-ordination amongst themselves, for example by using RHInterchange data to help establish priority countries and maximise comparative advantages. Donors should also use RHInterchange data to monitor and improve efficiency and customer service in their supply programmes, by tracking such factors as length of lead-time.
4. In-country policymakers and managers of programmes that receive donated supplies should use the information available through the RHInterchange to improve their procurement and logistics by, for example, tracking shipments and using that information when meeting with donors.
5. Advocates should use information from the RHInterchange to help raise awareness of important supply needs and solutions in particular countries.